

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

ALI Muhammad 1882952

Plaintiff(s)

Onondaga County Sheriff's Office, Justice Center
Maureen Murphy Captain Moore, CAP Gulliam

APPLICATION TO PROCEED
WITHOUT FULL PREPAYMENT
OF FEES IN ACTIONS COMMENCED
PURSUANT TO 42 U.S.C. § 1983

Chief Dep Admin

Defendant(s)

John Drapichowski Chief Corrections Dept

CASE NUMBER: _____

I, ALI Muhammad declare that I am (check appropriate box)

☒ petitioner/plaintiff/movant

☐ other

in the above-entitled proceeding and that, in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?: ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration: ELMIRA CoF.

Are you employed at the institution? ☐ Yes ☒ No

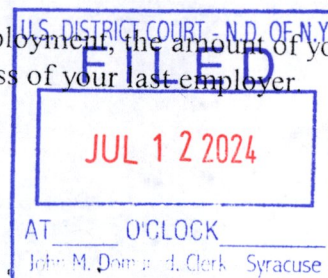
Do you receive any payment from same? ☐ Yes ☒ No

Notice to Inmates: The Certificate Portion Of This Affidavit Must Be Completed In Accordance with Rule 5.1.4(b)(1)(A) Of the Local Rules of Practice For This Court OR You Must Include, Along With This Affidavit, Certified Copies Of Your Inmate Account Statement For The Last Six Months In Accordance With 28 U.S.C. § 1915(a)(2).

2. Are you currently employed?: ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and the name and address of your last employer.



3. In the past twelve months have you received any money from any of the following sources?

- | | | | |
|----|--|------------------------------|--|
| a. | Business, profession or other self employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. | Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. | Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. | Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. | Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. | Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source of money and state the amount received **and** what you expect you will continue to receive. (Attach additional pages if necessary)

4. Do you have any cash, checking or savings accounts? ☐ Yes ☒ No
If "Yes" state the total amount _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other assets? ☐ Yes ☒ No
If "Yes" describe the property and state its value (Attach additional sheets if necessary):

6. List the person(s) who are dependent on you for support, state your relationship to each person, and indicate how much you contribute to their support. (Attach additional pages if necessary) *11 year old daughter I do what I can from 9 to 10 to support.*

I declare under penalty of perjury that the above information is true and correct.

5/12/24
DATE

[Signature]
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by appropriate official at institution of incarceration)

I certify that the applicant named herein has the sum of \$ 21.39 on account to his/her credit at (Name of Institution) Elmira Correctional

I further certify that the applicant has the following securities to his/her credit: _____

I further certify that **during the past six(6) months** the applicant's average balance was \$ 68.72

5/13/24
DATE

M. E. Jones
SIGNATURE OF AUTHORIZED OFFICER